

APPENDIX D (Continued)  
TITLE VI PUBLIC NOTICE OF RIGHTS / COMPLAINT PROCESS  
 CITY OF CASPER, WYOMING (CITY)/CATC



## Title VI Complaint Form



**Complaint Form**

Instructions: If you would like to submit a Title VI complaint to the City of Casper, Wyoming (City) The Bus Transit System, please fill out the form below and send it to: Casper Area MPO/The Bus, Attn: Title VI Coordinator/Community Development Director, 200 North David, Casper, WY 82601-1815. For questions or a full copy of the City's Title VI policy and complaint procedures call the Casper Area MPO at 307-235-8255, Casper Area Transit Coalition (CATC)/The Bus at 307-237-4287.

1. Name (Complainant):	
2. Phone:	3. Home address (street no., city, state, zip):
4. If applicable, name of person(s) who allegedly discriminated against you:	
5. Location and position of person(s) if known:	6. Date of incident:
7. Discrimination because of: <input type="checkbox"/> Race <input type="checkbox"/> National origin <input type="checkbox"/> Color <input type="checkbox"/> Other	
Please specify:	

8. Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Also, attach any written material pertaining to your case.

9. Why do you believe these events occurred?

10. What other information do you think is relevant to the investigation?

11. How can this/these issue(s) be resolved to your satisfaction?

12. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses):

Name:

Address:

Phone number:

13. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?

- Yes                       No

If yes, check all that apply:

- Federal agency             Federal court             State court  
 Local agency               State agency

If filed at an agency and/or court, please provide information about a contact person at the agency/court where the complaint was filed.

Agency/Court:              Contact's Name:              Address:                      Phone number:

Signature (Complainant):

Date of filing: